U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name Jerry

Street

1. File Number U - 102 67

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

620 Sunbeam Avenue

Morales

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From.

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 031618

P.O. Box, Building and Room Number, if any

Street 620 Sunbeam Avenue

Name Nor-Cal Laborers Organizing Department

City Sacramento	City Sacramento			
State California ZIP Code + 4 95814	State California ZIP Code + 4 95814			
5. Position in labor organization. Director/Organizer				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	NA			
Street	7.b. Amount.			
State ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with Name LIUNA X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 620 Sunbeam Avenue City Sacramento State California ZIP Code + 4 95814 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Regional Conference - In room amenity basket Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11,b, Approximate dollar value of such dealing. \$90 City 12.a. Nature of interest held or income received. ZIP Code + 4 State

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bidg., Room No.

Street

City

State

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

14.a. Nature of payment.

12.b. Amount.

NA

14.b. Amount of payment.

Name of Person	Filing	Jerry	Morales

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CA-LECET	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 620 Sunbeam Avenue	c. Employer
City Sacramento	
State California ZIP Code + 4 95814	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CA-LECET	meal
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 620 Sunbeam Avenue	
City Sacramento	
State California ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.



Friday, August 12, 2005

U.S. Department of Labor Employee Standards Administration Office of Labor - Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

## RE: Form LM-30 filing for Jerry Morales, Director, Nor-Cal Organizing Dept.

## Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to the exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with the requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on the LM-30 reporting is still changing and remains uncertain in various particulars.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefit received.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing represents my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed document represents my best recollection and estimate of all benefits that I believe I may have received in 2004.

Sincerely

Jerry Morales Director/Organizer

Enclosure